

STATE OF MONTANA DEPARTMENT OF TRANSPORTATION

Motor Carrier Services Division

PO Box 4639

Helena MT 59604

406-444-7262 Voice

406-444-0800 Fax

406-444-7670 Fax

Application for Vehicle Analysis

Complete one application for each vehicle combination to be analyzed

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Person \_\_\_\_\_

Type of Combination - Check One

Crane \_\_\_\_\_  
Drill Rig \_\_\_\_\_  
Work Over Rig \_\_\_\_\_  
Heavy Haul Combination \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

**Axle spacing in feet and inches measured from center of axle to center of axle**

1 to 2 _____	7 to 8 _____
2 to 3 _____	8 to 9 _____
3 to 4 _____	9 to 10 _____
4 to 5 _____	10 to 11 _____
5 to 6 _____	11 to 12 _____
6 to 7 _____	12 to 13 _____

Additional information: If the vehicle to be analyzed is a fixed unit, specify the axle weights needed on each axle group.